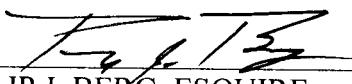


**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

| | |
|-----------------------------|------------------------------------|
| PHILIP J. BERG, ESQUIRE, | : |
| <i>Plaintiff</i> | |
| vs. | CIVIL ACTION NO. 2:08-cv-04083-RBS |
| BARACK HUSSEIN OBAMA, a/k/a | : |
| BARRY SOETORO, a/k/a | : |
| BARRY OBAMA, a/k/a | JURY TRIAL DEMANDED |
| BARACK DUNHAM, a/k/a | : |
| BARRY DUNHAM, THE | : |
| DEMOCRATIC NATIONAL | : |
| COMMITTEE, THE FEDERAL | : |
| ELECTION COMMISSION AND | : |
| DOES 1-50 INCLUSIVE, | : |
| <i>Defendants</i> | |

**ADDITIONAL CERTIFICATE OF SERVICE
FOR MOTION FOR EXPEDITED DISCOVERY**

I, Philip J. Berg, Esquire, hereby certify that Plaintiff's Motion for Extensive and Expedited Discovery including the Depositions of Barack Obama and Howard Dean with the Appointment of a Special Master for the Depositions and Plaintiff's Memorandum Brief in support thereof were served by fax on 09/09/08 as evidenced by Fax Proof of Transmission [**Exhibit "A"**] and United States Postal Service as evidenced by Express Mail Receipt dated 09/09/08 to Hon. Barack H. Obama, Tracking # EQ 047559353 US and Confirmation indicating delivered on 09/11/08 [**Exhibit "B"**] and to Democratic National Committee, Tracking # EQ 047559367 US and Confirmation indicating delivered on 09/11/08 [**Exhibit "C"**].



PHILIP J. BERG, ESQUIRE
Attorney for Plaintiff
555 Andorra Glen Court, Suite 12
Lafayette Hill, PA 19444-2531
(610) 825-3134

DELL
Intel (R) 537EP V9x DF PCI Modem

SENT FAX LOG
September 09, 2008

| <u>DATE:</u> | <u>TIME</u> | <u>STATUS</u> | <u>NUMBER</u> | <u>PAGES</u> | <u>NAME</u> |
|---------------------|--------------------|----------------------|----------------------|---------------------|--------------------|
| 9/9/2008 | 20:4:24 | Fax Sent | 12022284260 | 1 | Barrack H.Obama |
| 9/9/2008 | 20:5:18 | Fax Sent | 12022284260 | 38 | Barrack H.Obama |
| 9/9/2008 | 20:19:47 | Fax Sent | 12028638063 | 1 | DNC |
| 9/9/2008 | 20:21:6 | Fax Sent | 12028638063 | 38 | DNC |
| 9/9/2008 | 20:46:6 | Fax Sent | 12158618609 | 1 | U.S. Attorney Ofc. |
| 9/9/2008 | 20:47:39 | Fax Sent | 12158618609 | 38 | U.S. Attorney Ofc. |


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Label/Receipt Number: **EQ04 7559 353U S**

Status: **Delivered**

Your item was delivered at 11:16 AM on September 11, 2008 in WASHINGTON, DC 20510 to SENATE 20510 R6 . The item was signed for by A MOORE.

[Additional Details >](#) [Return to USPS.com Home >](#)

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Enter Label/Receipt Number.

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Get current event information or updates for your item sent to you or others by email. [Go >](#)

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Verify who signed for your item by email, fax, or mail. [Go >](#)



EQ 047559353 US

ORIGIN (POSTAL SERVICE USE ONLY)

| | | |
|---|--|-----------------------------------|
| PO ZIP Code <i>19155</i> | Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day <i>X</i> | Postage \$ <i>12.60</i> |
| Date Accepted <i>09/09/08</i> | Scheduled Date of Delivery Month <i>09</i> Day <i>11</i> | Return Receipt Fee \$ <i>0</i> |
| Mo. <input type="checkbox"/> Day <input type="checkbox"/> Year <i>AMC</i> | Scheduled Time of Delivery Noon <input type="checkbox"/> 3 PM <i>X</i> | COD Fee \$ <i>0</i> |
| Time Accepted <input type="checkbox"/> AM <i>AMC</i> <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day <i>Int'l Alpha Country Code</i> | Insurance Fee \$ <i>0</i> |
| Flat Rate <input type="checkbox"/> or Weight <i>8</i> lbs. <i>8</i> ozs. | Total Postage & Fees \$ <i>12.60</i> | |

FROM: (PLEASE PRINT) *PHILADELPHIA, PA* PHONE (*(215) 875-3344*)

PHILADELPHIA, PA
AMERICAN AIRLINES CENTER
10TH & MARKET STREETS

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811



Customer Copy
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

| | | | |
|----------------------------------|------|-----------------------------|--------------------|
| Delivery Attempt | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. <input type="checkbox"/> Day | | <input type="checkbox"/> PM | |
| Delivery Attempt | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. <input type="checkbox"/> Day | | <input type="checkbox"/> PM | |
| Delivery Date | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. <input type="checkbox"/> Day | | <input type="checkbox"/> PM | |

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. *800-222-1811*

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or
Postal Service Acct. No. *WPA 44174*

NO DELIVERY
Weekend Holiday

Mailer Signature *AMC*

TO: (PLEASE PRINT) *PHILADELPHIA, PA* **PHONE (** *(215) 875-3344* **)**

PHILADELPHIA, PA
AMERICAN AIRLINES CENTER
10TH & MARKET STREETS

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
19107-3344

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

Exhibit "B"


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Label/Receipt Number: **EQ04 7559 367U S**
 Status: Delivered

Your item was delivered at 10:54 AM on September 11, 2008 in
 WASHINGTON, DC 20003. The item was signed for by D MARSHALL.

[Additional Details >](#) [Return to USPS.com Home >](#)

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Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

Proof of Delivery

Verify who signed for your item by email, fax, or mail. [Go >](#)



EQ 047559367 US

| ORIGIN (POSTAL SERVICE USE ONLY) | | |
|---|--|---------------------------------|
| PO ZIP Code 11135 | Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage \$ 1.65 |
| Date Accepted 09/08/08 | Scheduled Date of Delivery Month 09 Day 11 | Return Receipt Fee \$ |
| Mo. Day Year 11/08/08 | Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM | COD Fee \$ |
| Time Accepted 11/08 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Military | Insurance Fee \$ |
| Flat Rate <input type="checkbox"/> or Weight 8 lbs | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Total Postage & Fees \$ 1.65 |
| Int'l Alpha Country Code PA | Acceptance Emp. Initials JL | |
| lbs. ozs. | | |

| FROM: (PLEASE PRINT) | | PHONE () |
|---|--|-----------|
| P.O. Box 7366, Philadelphia, PA 19107-2666 | | |
| 7th Floor, One Penn Center, Philadelphia, PA 19107-2666 | | |
| PA 19107-2666 | | |

FOR PICKUP OR TRACKING

Visit www.usps.com

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| Customer Copy Label 11-B, March 2004 | | |
|--|--|---|
| Post Office To Addressee | | |
| DELIVERY (POSTAL USE ONLY) | | |
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| CUSTOMER USE ONLY | | |
| PAYMENT BY ACCOUNT | | |
| Express Mail Corporate Acct. No. [Redacted] | | |
| WAIVER OF SIGNATURE (Domestic Mail Only) | | |
| Additional merchandise insurance is void if customer requests waiver of signature. | | |
| I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize my delivery employee's signature constitutes valid proof of delivery. | | |
| NO DELIVERY | | |
| <input type="checkbox"/> Weekend | <input type="checkbox"/> Holiday | <input type="checkbox"/> Mailer Signature |
| TO: (PLEASE PRINT) PHONE () | | |
| Philadelphia, PA 19107-2666 | | |
| 430 S. CAPITOL ST. SE | | |
| Washington, DC 20003 | | |
| ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.) | | |
| 2 1 4 0 1 0 3 + 1 0 0 0 | | |
| FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW. | | |